

6-1971

Beacon Light: June 1971

St. Cloud Hospital

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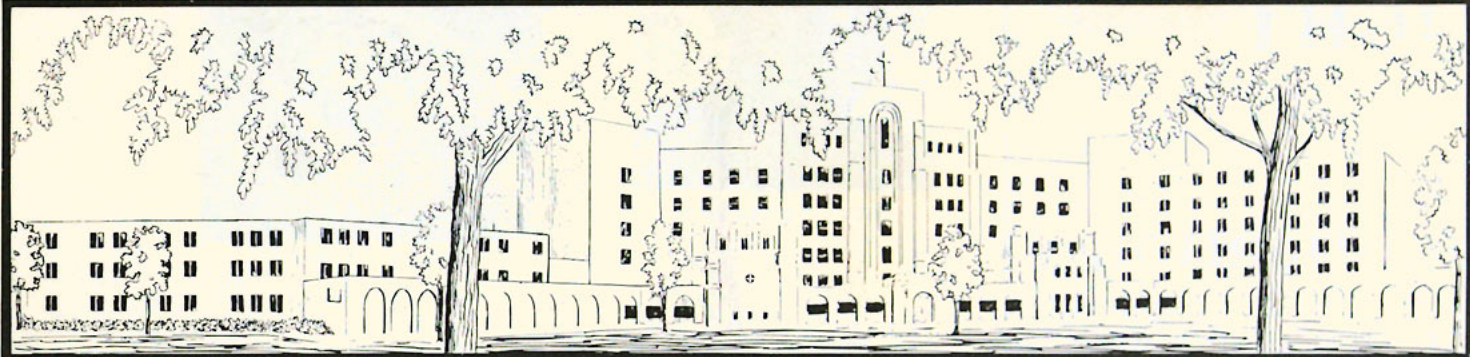
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Beacon Light



Volume XX Number 10

ST. CLOUD HOSPITAL

June, 1971



THE
BEACON
LIGHT

a
publication
of
ST. CLOUD
HOSPITAL

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Comment on the Cover...

THERE WAS APPREHENSION, JOY, AND DISBELIEF EXPRESSED IN THE FACES OF THE SENIORS AS THEY WAITED IN LINE TO ENTER ST. PAUL'S CHURCH FOR COMMENCEMENT EXERCISES MAY 22. EVEN A FEW TEARS WERE

SHED. BUT ALL 48 GRADUATES MADE IT THROUGH, AND WENT ON TO THE NEXT CHALLENGE BEFORE REALLY BECOMING AN "RN," THOSE FRIGHTENING STATE BOARD EXAMINATIONS ON JUNE 10-11.

Chaplain's Corner
BY REV. RICHARD TETZLOFF



REV. TETZLOFF

A SIGNIFICANT AMOUNT OF DATA HAS BEEN GATHERED IN THE LAST FEW YEARS PERTAINING TO DEATH, DYING, AND THE GRIEF PROCESS. TO BE ABLE TO ASSIMULATE AND DIGEST ALL OF THE DATA ABOUT DEATH, BECOMES SECONDARY TO BEING WITH A PERSON WHO IS DYING OR WITH THE RELATIVES WHO ARE IN GRIEF OVER A LOVED ONE'S DEATH.

SOMETHING, HOWEVER, SHOULD BE SAID ABOUT THE STAFF WHO ALSO GO THROUGH A GRIEF PROCESS AT THE DEATH OF A PATIENT. IT REALLY HURTS TO SEE A MAN WHO HAD BEEN SNATCHED FROM DEATH'S DOOR AND RECOVERING THEN SUDDENLY DIE THE DAY BEFORE HE WAS TO GO HOME. THERE ARE A THOUSAND AND ONE THINGS EASIER TO DO THAN TO HAVE TO INFORM A PATIENT THAT HIS FIANCE AND SEVERAL OTHERS DIED IN THE SAME ACCIDENT. TO BE A NURSE AT THE BED SIDE OF A CHILD WHO HAS TAKEN HIS LAST BREATH AND SHARE THE GRIEF OF THE PARENTS IS VERY PAINFUL, BUT IT IS DONE.

IN SITUATIONS LIKE THESE IS WHERE THE REAL FIRING LINE ABOUT DEATH IS. THESE ARE THE PEOPLE WHO KNOW THE REALITY OF WHAT THE WRITER OF PROVERBS MEANT WHEN HE SAID, "BOAST NOT OF TOMORROW FOR YOU KNOW NOT WHAT A DAY MAY BRING FORTH." (PROVERBS 27:1) TO ALL WHO FIND THEMSELVES IN SUCH SITUATIONS, MAY GOD GRANT A SPECIAL MEASURE OF HIS STRENGTH AND HIS GRACE THROUGH HIS SON, JESUS CHRIST.



GENE S. BAKKE

A VOLUMINOUS NUMBER OF WORDS HAVE BEEN WRITTEN AND SPOKEN OVER THE PAST THREE OR FOUR YEARS ABOUT THE STATE OF THE HEALTH CARE SYSTEM IN OUR COUNTRY. WHILE SOME CONTRIBUTORS TO THIS AVA-LANCHE OF WORDS HAVE CALLED ATTENTION TO THE STRENGTHS OF THE HEALTH SYSTEM, MOST HAVE CONCENTRATED ON ITS ILLS -- THE LACK OF COORDINATION, ITS INACCESSIBILITY TO THE PEOPLE, ITS HIGH COST, ITS WIDE VARIATION IN QUALITY FROM ONE LOCALITY TO ANOTHER.

AND PERHAPS BECAUSE WE ULTIMATELY TIRE OF CONTINUING CRITICISM WITHOUT RESOLVING THE PROBLEMS WE ARE CALLING ATTENTION TO, WE EVENTUALLY TURN TO A SEARCH FOR SOLUTIONS THAT WILL HOPEFULLY CURE THE ILLS AND SHORTCOMINGS THAT WE HAVE COME TO RECOGNIZE IN FACT EXIST. IT WOULD SEEM THAT WE HAVE REACHED THE POINT WHERE WE HAVE A PRETTY CLEAR UNDERSTANDING OF WHAT THE PROBLEMS OF THE HEALTH CARE SYSTEM ARE, AND NOW WE ARE SEARCHING FOR SOLUTIONS.

AND IN TERMS OF PROPOSED SOLUTIONS THERE ARE INDEED MANY. UNIONS, CONGRESSMEN, INSURANCE COMPANIES, BLUE CROSS PLANS, THE ADMINISTRATION, EMPLOYERS, COOPERATIVES, PROFESSIONAL HEALTH ASSOCIATIONS, HEALTH ECONOMISTS AND OTHERS EACH HAVE PUT FORTH THEIR OWN PROGRAMS FOR IMPROVEMENT IN THE DELIVERY AND FINANCING OF HEALTH CARE. HERE AT ST. CLOUD HOSPITAL, WE HAVE HAD THE OPPORTUNITY TO LEARN DIRECTLY FROM THE AUTHORS. WHAT SOME OF THE LEADING PROPOSALS SUCH AS THE HEALTH MAINTENANCE ORGANIZATION, THE HEALTH CARE CORPORATION, AND THE MEDICAL FOUNDATION HAVE TO OFFER. PLANS ARE TO CARRY FORWARD THIS EDUCATIONAL PROCESS IN THE FALL BY CONTINUATION OF THE HEALTH FORUMS HELD OVER THE PAST SIX MONTHS.

AT THIS POINT IN TIME, NO ONE LIKELY KNOWS FOR SURE PRECISELY WHAT THE HEALTH CARE DELIVERY SYSTEM WILL LOOK LIKE AND HOW IT WILL BE FINANCED FIVE

From Our
Executive Vice President

YEARS FROM NOW. BUT THE PICTURE IS BECOMING MORE CLEAR AS TIME GOES ON, AND THERE ARE A COUPLE OF CONCLUSIONS THAT CAN BE PRETTY SAFELY DRAWN RIGHT NOW.

- * THAT THE DELIVERY OF HEALTH CARE WILL BE BETTER COORDINATED, INTEGRATED AND ORGANIZED THAN IT HAS BEEN BEFORE. THIS WILL COME IN ORDER TO MAKE HEALTH CARE MORE EASILY ACCESSIBLE AND AVAILABLE TO THE PEOPLE AS WELL AS TO BETTER CONTROL THE OVERALL COSTS.
- * THAT HEALTH CARE WILL BE FINANCED THROUGH A MORE STRUCTURED SYSTEM OF PAYMENT THAN THE MAIZE OF PAYMENT MECHANISMS NOW BEING USED.

THE OBLIGATION OF THOSE OF US WHO ARE RESPONSIBLE FOR THE OPERATION OF ST. CLOUD HOSPITAL -- THE SISTERS OF THE ORDER OF ST. BENEDICT, THE BOARD OF TRUSTEES, THE ADMINISTRATIVE TEAM, THE MEDICAL STAFF AND OTHERS -- IS TO INTERPRET WHAT THE CHANGES IN DELIVERY AND FINANCING OF HEALTH CARE WILL MEAN IN TERMS OF BETTER SERVING THE PEOPLE OF ST. CLOUD AND CENTRAL MINNESOTA. ALREADY WE CAN SEE AN EXPANDED ROLE OF THE HOSPITAL -- BUT WE ALSO SEE THE NEED TO WORK MUCH MORE CLOSELY WITH THE OTHER SEGMENTS THAT MAKE UP THE TOTAL HEALTH CARE SYSTEM -- THE DOCTOR IN HIS OFFICE, THE EDUCATIONAL INSTITUTIONS, THE NURSING HOMES, PUBLIC HEALTH AND OTHERS. AND WHILE IT WILL BE EXTREMELY DIFFICULT TO BRING TOGETHER SUCH WIDELY DIVERGENT FORCES WITH WHAT HAS TRADITIONALLY BEEN CONSIDERED COMPETITIVE INTERESTS, IT WILL OF NECESSITY HAVE TO COME ABOUT, EITHER VOLUNTARILY OR BY GOVERNMENT FIAT.

IT PRESENTS BOTH A TEST AND AN OPPORTUNITY -- A TEST OF OUR TRUE COMMITMENT TO PUT THE PUBLIC GOOD ABOVE ALL OTHER INTERESTS, AND AN OPPORTUNITY TO RETAIN THE STRENGTHS OF THE VOLUNTARY SYSTEM OF HEALTH CARE IN THIS COUNTRY.

Our Record of Service

	ADMISSIONS	BIRTHS	OPERATIONS	X-RAYS	LAB. TESTS	EMERGENCY OUTPT. VISITS
MAY 1971	1,321	161	451	3,807	21,663	731
JANUARY 1 TO MAY 31	6,802	775	2,551	18,791	104,003	2,962

Trustees Okay \$12,550,000 Budget

The Board of Trustees of St. Cloud Hospital has approved an operating budget of \$12,550,000 for fiscal 1971-72, and increases in room and care rates and three ancillary services. The hospital's fiscal year begins July 1.

The budget, largest in the hospital's history, is \$1,450,000 above the current year's figure.

Room and care rates will go up \$3.50 to \$49.50 per day for a semi-private and \$4 per day to \$54 for private accommodations.

Charges for anesthesia, operating room and central service supplies, which have not been increased for two years, will go up 5%.

"Our management team at St. Cloud Hospital, which includes Head Nurses, Department Heads and Division Directors, began work on the budget for the coming year in April," stated Gene S. Bakke, Executive Vice President.

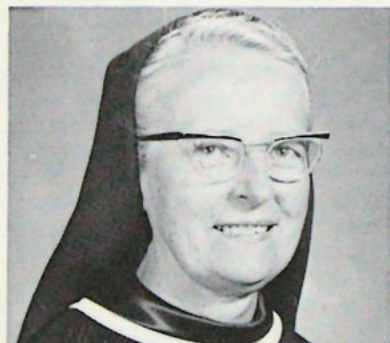
"Because all of the needs of the institution as seen by our staff cannot be met at

once, priorities had to be determined, and many of the department objectives were of necessity changed, delayed or eliminated. Despite this, total costs are being forced up by added payroll taxes for Social Security and Unemployment Compensation, increased costs of supplies and equipment, salary increases, depreciation on our buildings which is up \$102,000 for the coming year, and interest on loans for the construction-renovation program which increased by \$104,000 over the current year.

"The budget approved June 3 by our Board is a guide for the financial operation of the hospital for the next 12 months. It represents a program for the care of the sick and injured of the St. Cloud area which the patients need. I commend the management team for the very business-like approach to financial planning, and for being so conscientious and helpful during the process," he concluded.

The hospital plans for 11,323 additional patient days in 1971-72, or a total of 131,323.

Board Elects Three



SISTER GIOVANNI



SISTER LUKE



DR. IDZERDA

Sister Giovanni graduated from the St. Cloud Hospital School of Nursing in 1934, and holds a Bachelor's degree in Hospital Administration from St. Louis University. She has been Director of the School of Nursing (1944-1957), and currently works at St. Benedict's Convent in St. Joseph as Coordinator of Health Services.

She replaces Sister Mary Patrick, who resigned.

Sister Luke holds a Master's Degree in Finance from Notre Dame, and a Master's in Hospital Administration from St. Louis University. She was Administrator of St. Benedict's Hospital, Ogden, Utah, for four years and is now Assistant Director of Temporalities at St. Benedict's Convent.

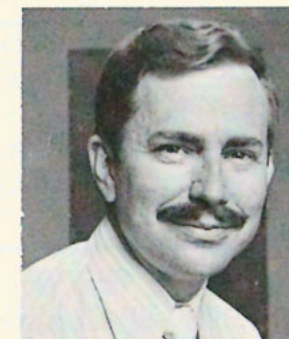
Sister Luke replaces Sister Clyde, and will serve three years.

The Fifth President of the College of St. Benedict, Dr. Idzerda holds college degrees from Notre Dame, Baldwin-Wallace and Western Reserve University.

Dr. Idzerda has taught at four universities, and has headed the College in St. Joseph since 1968. He replaces Mr. B. Howard Flanagan on the Board of Trustees.

Dr. J.W. Smith Elected Staff Chief

Dr. J. W. Smith, founder of Anesthesia Associates of St. Cloud and an Anesthesiologist at SCH since 1965, has been elected Chief of the Medical Staff for the fiscal year beginning July 1. He succeeds Dr. Robert T. Petersen.



DR. J. W. SMITH

Dr. Smith is a native of Hutchinson, Kansas, and graduated from the University of Kansas Medical School, Kansas City, in 1955. Following a brief period of general practice he served in the Air Force as a Flight Surgeon, before returning to the University of Kansas for his residency in Anesthesia in 1960. Dr. Smith and his wife Marilyn have five children, and reside at 717 Riverside Drive S.E. They attend the First Presbyterian Church.

Others elected were Dr. P. T. Moran, Chief of Staff Elect; Dr. W. A. Autrey, Secretary of Staff; Dr. W. H. Held, Representative; Dr. W. H. Rice, Chief of Anesthesia; Dr. J. F. Kline, Chief of Dentistry; Dr. J. C. Belshe, Chief of ER-OP; Dr. R. P. Koenig, Chief of EENT; Dr. J. J. Ballantine, Chief of Medicine; Dr. D. A. Ritchie, Chief of OB-GYN; Dr. D. E. Jaeger, Chief of Orthopedics; Dr. M. S. Bozanich, Chief of Pathology; Dr. S. D. Sommers, Chief of Pediatrics; Dr. P. L. Warner, Chief of Psychiatry; Dr. P. R. Berger, Chief of Radiology; and Dr. C. B. Thuringer, Chief of Surgery.

Dr. H. J. Brattensborg was elected to the Joint Conference Committee.

City Votes No On Parking Lot

The City Planning Commission denied a request by St. Cloud Hospital June 8, to rezone hospital-owned property and a petition to allow a conditional use to permit a 142-car parking lot to be installed.

The property in question formerly was owned by Philip England and Robert Mahowald, and is located north of the junction of 15th Street and 6th Avenue North. St. Cloud Hospital

To complete the roster of members on the Executive Committee and Joint Conference Committee, the Administration and Chief of Staff each appoint one member to the two bodies.

Named to the Executive Committee by the Administration was Dr. Frank Brown.

Dr. Smith appointed Dr. T. H. Luby.

Appointed to the Joint Conference Committee by the Administration was Dr. Paul Moran, while Dr. Smith appointed Dr. R. T. Petersen.

New Employment Manager

Mrs. Pauline Page, 202 9th Avenue South, Sauk Rapids, has been appointed Employment Manager of St. Cloud Hospital, replacing Mrs. Katherine Collman, who resigned effective June 28.



MRS. PAGE

Before coming to St. Cloud, Mrs. Page had been employed in the banking and insurance industries for nine years, and while completing her Masters studies she worked



MRS. COLLMAN

Mrs. Collman, who held the position since December, 1969, will move with her husband, Richard, a Methodist Minister, to Appleton, Minnesota, where Rev. Collman has been assigned.

Mrs. Page recently received her Masters degree in Rehabilitation Counseling from St. Cloud State College. Previously, she was awarded a Bachelor of Arts degree in Sociology and Psychology from the same school.

as a teaching assistant doing research in the State College Psychology department.

Her husband, Rodney, is a Safety Engineer for Western Insurance Co.

They attend the Missionary Alliance Church, Sauk Rapids.

The Role of Ameriplan

THE FINAL IN THE SERIES OF SIX HEALTH FORUMS ADDRESSED TO THE GENERAL TOPIC, "THE HEALTH NEEDS OF THE PEOPLE...HOW CAN THEY BEST BE MET IN THE 70'S," WAS HELD MONDAY, JUNE 7, IN HOPPE AUDITORIUM. DR. THOMAS H. AINSWORTH, JR., ASSOCIATE DIRECTOR OF THE AMERICAN HOSPITAL ASSOCIATION (AHA), PRESENTED HIS ORGANIZATION'S "AMERIPLAN" CONCEPT TO REORGANIZE THE HEALTH DELIVERY AND FINANCE SYSTEM. FOLLOWING IS A BRIEF REVIEW OF THAT PROGRAM.

"The American people have arrived at a consensus! They have decided that optimal health is necessary for all our people to enjoy their constitutional right of life, liberty, and the pursuit of happiness.

"Past generations of Americans arrived at a similar consensus in regard to such things which you and I now take for granted.

"History will record that our generation made this decision for all Americans in regard to health care in the early 1970's."

Those were the opening words by Dr. Thomas H. Ainsworth, Jr., guest speaker at the sixth and final Health Forum in the current series, held Monday, June 7, in Hoppe Auditorium.

Invited here to speak on "Ameriplan," the American Hospital Association's (AHA) plan for health care, Dr. Ainsworth stated that it is no longer a question of whether we will or will not legislate some form of national health insurance . . . the great debate will be as to how, when and what . . . but it will be a national program, because Americans have learned from experience "that local and state governments are unable to assure optimal health care for their citizens."

"I personally believe Ameriplan is the right plan," the Associate Director of the AHA said, "not only as an official of the AHA, but as a physician with twenty years experience in the practice of medicine." Dr. Ainsworth conducted a general and surgical practice in Pennsylvania before joining the Association a year ago.

The AHA committee which developed the Ameriplan concept represented all areas of the health care field, he said, and was told not to consider current AHA policy but to look at the entire spectrum of health care services from an impartial viewpoint. The

15 member committee was made up of hospital administrators, physicians, hospital trustees, clergy, and attorneys.

The health care delivery system under Ameriplan, he said, must meet certain criteria to satisfy the patient needs, and the AHA committee listed these as:

- (1) The health delivery system must preserve the dignity of the individual. This means an end to the two-class system, one for the poor and one for the affluent.
- (2) Accessibility and availability of health care services to each and every individual in the U.S.
- (3) Predictability of cost of health care and control of rising costs. The \$62.5 billion the American people spent on health care in 1969 has now escalated to \$70 billion in 1970.
- (4) Quality of care. Since physicians are responsible for 80% of all health care costs, they must be given a role in the management of our institutions so they can understand the cost of those things they order and assume equal responsibility for the economical running of our institutions. The days when any physician feels that the hospital is simply his workshop, where he is free to come and go as he chooses, and order whatever he wants without an equal sense of responsibility are over.
- (5) The system must provide compre-



DR. AINSWORTH

hensive care, delivering services which reverse the trend for the treatment only of episodic illness to one which maintains the health of the individual on a continuing basis.

"So, basically, Ameriplan is a plan for the restructuring of our health delivery system, with a financing mechanism designed to aid in the necessary changes," Dr. Ainsworth explained. "We believe it has the potential to meet these needs, charting the course for a sensible health care system for our country. A system which has minimal governmental controls and relies on the responsibilities of the local providers of health care and the financiers of health care to regulate themselves within national guidelines and standards."

The Ameriplan system would consist of a network of Health Care Corporations (HCC) covering every geographical area in the United States. "Health Care Corporations are provider organizations," he said, "and they are charged with synthesizing the health resources, both facilities and manpower, to provide comprehensive health care to a specific community."

Comprehensive health care was defined as including five major components: (1) health maintenance, (2) primary care, (3) specialty care, (4) restorative care, and (5) health-related custodial care.

Every citizen would have the opportunity to register with one Health Care Corporation, and in return for a fixed annual charge, could expect to get whatever health care he needed from his HCC.

Dr. Ainsworth said the Health Care Corporations, each of which should have about 60,000 members, could be built around several different models, some where several hospitals cooperate, some where physicians' offices become ambulatory care centers, and others where a physicians' corporation would contract with an institutional corporation to provide all components of care.

National legislation would define the scope, standards and minimum benefit packages for all the people, and state Health Care Commissions would regulate the Health Care Corporations.

"Thus, minimal government control is

necessary to lever the voluntary system into assuming its responsibilities," Ainsworth noted.

Those unable to pay for their own health care would be assisted by the federal government utilizing tax return information as a guide, and Medicare and Medicaid would be replaced by the Ameriplan system, according to Ainsworth.

Besides the basic package of protection which everyone would be required to have, each registrant of an HCC would be entitled to a catastrophic benefits package.

Insurance identification cards would be distributed to HCC members, and source of payment, whether private or public, would not be disclosed to help eliminate what Dr. Ainsworth called "the two-class system."

"The advantage of Ameriplan is that every citizen has assurance that the costs of his health care can be met," he emphasized. "The uniformity of benefits in the health maintenance and standard packages of benefits will provide the vast majority of health care needs for all individuals. Costs of catastrophic illness will be provided. This mechanism of financing provides predictability of costs."

Other major points were:

- Physicians within the HCC would have a choice of payment mechanics . . . fee for service, capitation (a set amount for each patient cared for), salary plus bonus, or a combination.
- Ameriplan brings the physician into management if he chooses, or he is free to practice independently.
- The HCC contains the incentive to change to a group practice which appears to be the trend of the future.
- Ameriplan is patient oriented . . . he can choose his doctor, and competition between HCC's would be for the patient.
- The AHA program turns the emphasis to prevention of disease and maintenance of health, and for the first time, makes it possible for health care as a human right to become a reality.

Another series of Health Forums may be scheduled in the fall, beginning in September or October.

Occupational Therapy

By Mrs. Jean Laudenbach
Director, Occupational Therapy

Occupational Therapy (OT) is the use of activities, medically prescribed, to help restore maximum function of the total person with problems, needs, and assets. In order to deal with specific physical and emotional illnesses, several programs are available in St. Cloud Hospital.

The OT programs include one for patients with emotional problems, one for patients with physical disabilities, and a supportive program for general medical and surgical patients.

The Occupational Therapy Department originally opened in September, 1968 with two part-time therapists and one clinic, serving mainly the Mental Health Unit (MHU). Staffing the OT Clinic on the Mental Health Unit are two Registered Occupational Therapists: Mrs. Jan Dahl, and the author.

Activities consist of leatherwork, woodwork, metalcraft, weaving, ceramics, painting, etc. These activities are used in such a way as to provide constructive outlets for hostility, aggression, depression, creativity, and socialization. They also may be used to test concentration span, tolerance to stress, ability to work and share with others, and the ability to make decisions. The objec-

tives are to increase the patient's feelings of self-worth and foster independence. Diagnostic testing may be done with projective techniques, where the use of drawing gives some indications of the patient's feelings about himself and his environment.

The use of the therapist's personality is just as important as the activities used. In MHU the activities in themselves are not always important, but what the patient gains from doing them, and in the process, building up good relationships with others, is of prime importance. The concept of caring for the total person is carried through in all areas of OT.

In November, 1970, the second clinic opened in the Rehabilitation Center to provide more extensive services to the hospital. Mrs. Sandra Wenner, OTR, joined the staff at that time and began to develop a program of testing and evaluation, active exercise, splinting to fit individual needs, and training in Activities of Daily Living (ADL), particularly homemaking and communication skills. In treating patients with physical disabilities, activities are used specifically to restore maximum function or to assist the patient to cope with the problems presented by a disability. Regardless of the activity, the patient's motivation to participate in treatment is important to the realization of his goals. The type of patient seen in this group may be of any age and have fractures, arthritis, burns, strokes, neurological diseases, cardiac conditions, and many other physical problems. Some of the goals are to increase muscle strength, improve co-ordination, increase range of motion, prevent contractures, develop work tolerance, and evaluate thinking processes necessary in daily living situations.

Supportive OT, under the direction of Miss Rae-ann Andersen, Certified Occupational Therapy Assistant (COTA), is offered for long-term patients and others who have difficulty in accepting their limitations and

are bored or frightened by their illness. It is designed to help maintain morale, motivate the patient to help himself get well, develop general physical strength and tolerance, and improve circulation and muscle tone. Patients of all ages and with a variety of illnesses are offered this program on an individual or group basis.

OT has grown to approximately 500 treatment units a month in the Mental Health Unit Clinic and 1,000 treatment units a month in the Rehabilitation Clinic. Patients may be treated in OT under a physician's referral, on an in-patient or out-patient basis in either clinic or at the bedside between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday. Scheduling in the Rehabilitation area is done in association with Physical Therapy,

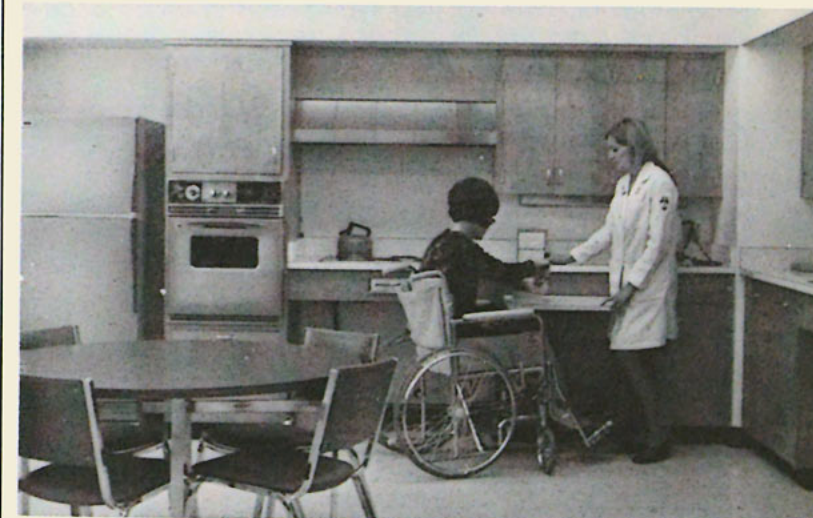
Speech, Social Service, and Recreational Therapy. The Occupational Therapist's role requires close communication with all other members of the treatment teams.

There are several new programs being developed in OT for the coming year. Four of these will begin this summer in the Mental Health area: a three month psychiatric affiliation for OT students; a program for the Alcohol and Drug Addiction Unit; music therapy; and a treatment program for Day-Care patients.

New activities being planned for the Rehabilitation Clinic include follow-up care in the community along with Public Health services, pre-vocational testing in conjunction with the Division of Vocational Rehabilitation, an evaluation and treatment program for Cerebral Palsy and brain-damaged children, and an activity program to serve the needs of cardiac patients.



MRS. JAN DAHL, O.T.R., LEFT, IS SHOWN WITH A GROUP OF PATIENTS WORKING IN THE MENTAL HEALTH UNIT O.T. CLINIC, IN THE SOUTHWEST WING. SEWING, METAL AND LEATHERCRAFT, WEAVING AND CERAMICS ARE THE MOST POPULAR ACTIVITIES.



IN THE ACTIVITIES OF DAILY LIVING (ADL) SECTION OF O.T., MRS. WENNER AIDS A WHEEL CHAIR PATIENT WHO IS LEARNING TO PERFORM EVERYDAY CHORES DESPITE HER DISABILITY. A COMPLETE KITCHEN FACILITY IS AVAILABLE FOR THIS PURPOSE.

About the Author . . .

Jean Laudenbach, OTR, Chief Occupational Therapist, is a graduate of the College of St. Catherine, St. Paul. Her experience includes that of staff therapist at the Anoka State Hospital, Director of OT at the Veteran's Administration Hospital, St. Cloud, where she also spent a year in research on Operant Conditioning. In addition, Mrs. Laudenbach has served as an Occupational Therapy Consultant to the Brainerd State Hospital, Brainerd. She has been on the St. Cloud Hospital staff since August, 1968.



MRS. LAUDENBACH

The Beacon Light

St. Cloud Hospital

SUPPORTIVE O.T., DESIGNED FOR LONG-TERM PATIENTS, IS OFFERED ON A GROUP OR INDIVIDUAL BASIS. RAE-ANN ANDERSON, CERTIFIED O.T. ASSISTANT, IS AT THE RIGHT.

Renovation on 1-North, 7th Floor



Work on the renovation of 1-North and 7th Floor, the old Physical Therapy Department, started June 1, and according to Sr. Colleen, Building Coordinator, will be done by September. Project Cost is \$134,145.

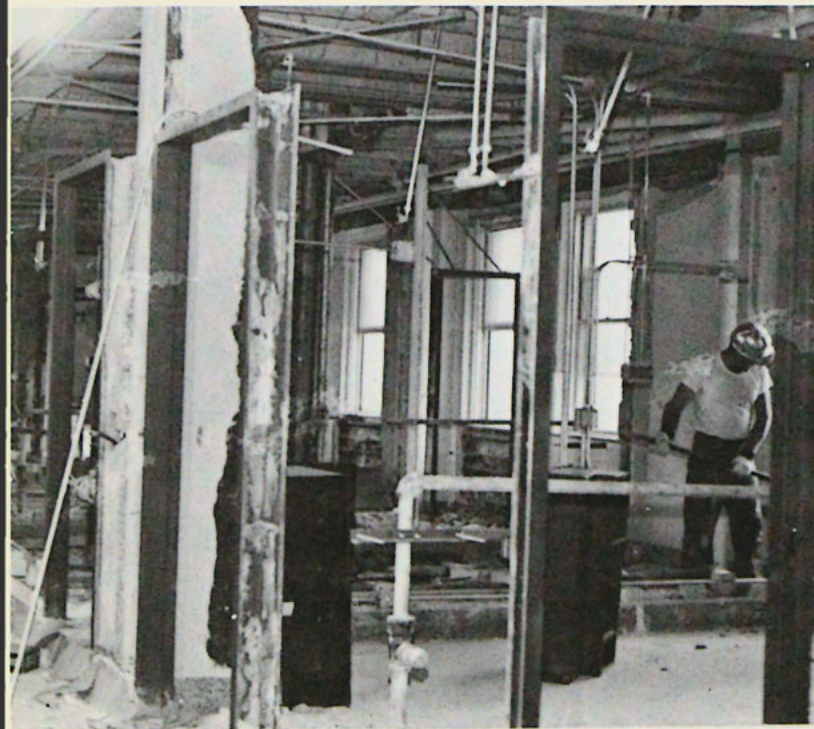
By mid-June, workmen had torn out all old equipment and walls, and electricians, pipefitters and mechanical contractors were installing new equipment.

Offices on 1-North being renovated include all those except that of the Executive Vice President and the Administrative Pool, both of which were done earlier. Temporary offices for some administrative personnel have been set up in the Sister's Dining Room.

Seventh floor will be turned into offices and other facilities for the Education Department, and a Medical Library.

Bids on the last large project, the adding of equipment rooms on the Basement Level, enlarging Dietary on the "Ground" level, and renovation of Medical Records and 1-South, will be let later this year.

THE OLD 7TH FLOOR PHYSICAL THERAPY DEPARTMENT, WITH ITS EQUIPMENT REMOVED, WILL BECOME A MEDICAL LIBRARY AND CONTINUING EDUCATION DEPARTMENT. THE SCHEDULING DESK AND TREATMENT TABLES OCCUPIED THE AREA SHOWN, WITH A TREATMENT ROOM BEYOND THE STRIPPED DOWN WALL AT THE REAR.



FOUR SOUTH WAS STRIPPED TO THE BARE WALLS EARLY THIS MONTH. ABOVE, NEW DOOR FRAMES HAVE BEEN SET IN PREPARATION FOR NEW WALLS AND CEILINGS. THE OLD PEDIATRICS UNIT WILL BECOME A MEDICAL FLOOR NEXT JANUARY. TWO SOUTH AND 3 SOUTH ARE ALSO UNDER RENOVATION.



RENOVATION WORKERS USED THE HALLWAY ON 1 NORTH TO STORE OLD PLUMBING EQUIPMENT AS ADMINISTRATIVE OFFICES ARE REDONE. PRIVATE BATHROOMS WERE REMOVED TO BETTER UTILIZE OFFICE SPACE. THIS PART OF THE RECONSTRUCTION PROGRAM WILL BE DONE THIS FALL.

Five To Complete Lab Tech School

Five students will complete their 53-week course in the School of Laboratory Technology in July, 1971, according to Mrs. Mary Thelen, School Director.

The Lab Tech students complete three years of college preparation before coming to St. Cloud Hospital.

Finishing the course this summer will be Jeanne Doherty, Minneapolis; Deanne Gratz, Mandan, North Dakota; Juliana Kelzer, Waconia; Ione Merdan, Avon; and Mrs. Donna Tischer, Breckenridge.

In the class which started in August, 1971, are Linda Blattner, Sauk Rapids; Deborah Hagen, St. Cloud; Mrs. Betty Strom, Slayton; Jerrilyn Ranney, Granite Falls; Connie Sanders, Ortonville; and Herman Trettel, Sauk Rapids.

This group will be eligible to take the final examination in September.

Rev. Tetzloff Is Mystery Picture

Mrs. Jan Fritz, Accounts Payable, won the "Guess Who" Contest, correctly identifying Rev. Richard Tetzloff as the baby boy in the photo in the May "Beacon Light."

Jan's entry was one of several correct guesses placed in a hopper and drawn to receive a free cafeteria luncheon ticket.

The "Guess Who" series will be resumed in the September Beacon Light.

SCH Family Picnic August 21

Four Pass Five-Year Marks

Four SCH employees passed the five-year anniversary mark during the last month.

Observing the half-decade milestone were Barbara Bandar, Department Assistant in Dietary, Evonne Dahlin, Head Nurse 3 North, Frances Evens, R.N. in the Nursery, and Gertrude Jaeger, Bakery Aide, Dietary.

SCSC Students Aid Rehab

Traditionally, one of the big spring events at St. Cloud State College has been "May Daze." And, traditionally, each year during "May Daze" students selected the MEBOC, Most Eligible Bachelor on Campus.

This year, the MEBOC part of the festival was changed, to the benefit of the Rehabilitation department of St. Cloud Hospital.

"MEBOC" chairman, Craig Zemke, a sophomore from Red Wing majoring in Business, and his committee changed the "Bachelor" in MEBOC to "Bod," and told the candidates they had three days to collect contributions, with the "Most Eligible Bod On Campus" titles going to the two nominees with the largest sum of money.

Dian Carlson, Wayzata, a sophomore majoring in Sociology, and Brad Hammerberg, Isle, sophomore majoring in Business, won the "Bod" titles.

The "MEBOC" committee then voted to give the Rehabilitation Department a check for \$236 toward a Rehab library fund. Rehabilitation Coordinator, Earl Pederson, who accepted the gift on behalf of the Rehabilitation Center May 25, said the donation will be St. Cloud Hospital

used to start a library of books and periodicals on Rehabilitation.



MEBOC CHECK FOR REHAB—EARL PEDERSON, REHAB COORDINATOR, LEFT, ACCEPTS A CHECK FOR \$236 FROM CRAIG ZEMKE, BRAD HAMMERBERG AND DIAN CARLSON. BRAD AND DIAN WON THE "MOST ELIGIBLE BOD ON CAMPUS" TITLES DURING THE ANNUAL MAY DAZE CELEBRATION AT ST. CLOUD STATE COLLEGE. THE CONTRIBUTION FROM THE STUDENTS WILL BE USED TOWARD A LIBRARY OF BOOKS AND PERIODICALS ON REHABILITATION.

Volunteers Honored For Service

Awards for over 20,000 hours of volunteer service by members of the St. Cloud Hospital Auxiliary were presented May 17, during the annual awards tea in the Cafeteria. Gene S. Bakke, Executive Vice President, announced the awards for each of the 82 recipients. Mrs. Margie Kline, President, presided, and Dr. J. Weston Smith was master of ceremonies.

Those receiving awards, and the number of hours volunteered, are listed below.

50 HOURS

Mrs. Barb Arnhold, Mrs. Mary Jo Baker, Mrs. William Ball, Mrs. Jerome Ballantine, Mrs. Don Barrett, Mrs. Bert Baston, Mrs. Gene Berg, Mrs. M. Bettendorf, Mrs. Don Bitzan, Mrs. Elzeth Buscher, Mrs. Shirley Carlson, Mrs. R. C. De Gree, Mrs. Margaret Dinndorf, Mrs. H. J. Esselman, Mrs. Mary Fischer, Mrs. M. Hahn, Mrs. C. Ray Hughes, Mrs. Kate Heckman, Mrs. Doris Johnson, Mrs. Barb Johnson, Mrs. Norman Johnson, Miss Odelia Kolb, Miss Clara Loesch, Mrs. Ollie May, Mrs. Lyle Morris, Mrs. Florence Nahan, Mrs. James Nahan, Mrs. Rose Parker, Mrs. William Petters, Mrs. Carolyn Ritchie, Mrs. B. A. Skalbeck, Miss Eileen Terhaar, and Mrs. Fred Traynor.

100 HOURS

Mrs. Ruby Baston, Mrs. Peter Carlson, Mrs. Margaret Dinndorf, Mrs. Mary Fischer, Mrs. Karen Hanson, Mrs. C. Ray Hughes, Mrs. Norman Johnson, Miss Odelia Kolb, Mrs. Ollie May, Mrs. Lyle Morris, Mrs. Florence Nahan, Mrs. Pat Owen, Mrs. Leone Reichensperger, Mrs. C. Ritchie, and Mrs. Johnni Sellers.

200 HOURS

Mrs. Shirley Carlson, Mrs. Ed Daniel, Mrs. Sarah Gohman, Mrs. B. C. Koerner, Mrs. Milton Kraemer, Mrs. Robert Latteral, Miss Mary McNiven, Mrs. Francis Russell, and Mrs. Carrie Sell.

300 HOURS

Mrs. D. Barbarossa, Mrs. H. Belanger, Mrs. Ann Dull, Mrs. Gen Hoffman, Mrs. Doris Johnson, Mrs. Bunny Neirengarten, Mrs. Elizabeth Ring, Mrs. Margaret Super, and Mrs. Mabel West.

400 HOURS

Mrs. Ed Turck, Mrs. Ed Laubach, and Mrs. Florence Thielman.

500 HOURS

Mrs. M. Gambrino, Mrs. Ed Meyer, and Mrs. Jean Poganski.

600 HOURS

Mrs. Birdie Hall, Mrs. William Johnson, and Mrs. Beth Ortman.

700 HOURS

Mrs. Ben Danzl, Mrs. Peg Hall, Mrs. H. K. McCall, and Mrs. Paul Plantenburg.

800 HOURS

Miss Dolores Ahles and Miss Clara Braun.

900 HOURS

Mrs. C. Gerber

1000 HOURS

Mrs. M. Kline and Mrs. Hilda Hanson.

1500 HOURS

Mrs. Frank Liljedahl

5000 HOURS

Mrs. Rosalie Timmers

GIFT CERTIFICATE

To Mrs. Agnes Moeglein, for secretarial services rendered to the Auxiliary.

Auxiliary Gives \$4,000 To Fund

St. Cloud Hospital Auxiliary President Mrs. Margie Kline presented Executive Vice President Gene S. Bakke with a check for \$4,000 during the annual awards program, toward the \$15,000 pledge made by the organization to the building fund drive three years ago. The Auxiliary had previously donated \$6,000.

Mr. Bakke thanked the members for the contribution, and commented briefly on the worthwhile efforts of the organization.

Dr. J. Weston Smith, who served as Master of Ceremonies, praised the Auxilians for giving that "personal care" to our patients.

Auxilians sponsor one major fund-raising project each year, the fruit cake sales during the Fall and early Winter, and also maintain a gift shop in the North Lobby.

The Beacon Light

ST. CLOUD SCHOOL OF NURSING 1971



Babies Born To Staff Members . . . CU Manager Dies

Mr. & Mrs. Ronald Andrews (Carolyn Heruert)
Mr. & Mrs. John Potter (Jeanne Olson)
Mr. & Mrs. James Lange (Elaine Hennek)
Mr. & Mrs. Daniel Baynes (Jane Holker)
Mr. & Mrs. Richard Kloeppner (Marion Kieke)
Mr. & Mrs. Carl Mueller (Ruth Brinker)
Mr. & Mrs. David Brickweg (Roselyn Pierskalla)
Mr. & Mrs. Jerald Miller (Carol Jordan)
Mr. & Mrs. Herbert Torborg (Emmalou Nahan)
Mr. & Mrs. Gerald Schloemer (Karen Kosel)
Mr. & Mrs. Duane Eiynek (Delores Langner)
Mr. & Mrs. Franklin Pallansch (Marilyn Mastey)
Mr. & Mrs. John Woods (Judith Sjogren)
Mr. & Mrs. Baron Majette (Nancy Lockett)
Mr. & Mrs. James Foy (Mary Keiss)
Mr. & Mrs. Frank Fowler (Connie Malikowski)
Mr. & Mrs. Kenneth Colgrove (Susan Claude)

St. Cloud Hospital employees joined with the entire community in extending their deepest sympathy to the family of John W. Terwey, who died suddenly May 30.

John, known as "Mr. Credit Union," guided the T & L Credit Union from its infancy to the successful organization it is today, and had managed the Hospital Credit Union for the last three years.



JOHN TERWEY

Final Beacon Light 'til Fall

The "Beacon Light" staff will take a "vacation" in July and August before regrouping to begin work again for the September issue.

News for the SCH "family" will be distributed during the summer via the Friday bulletins, bulletin boards, etc.

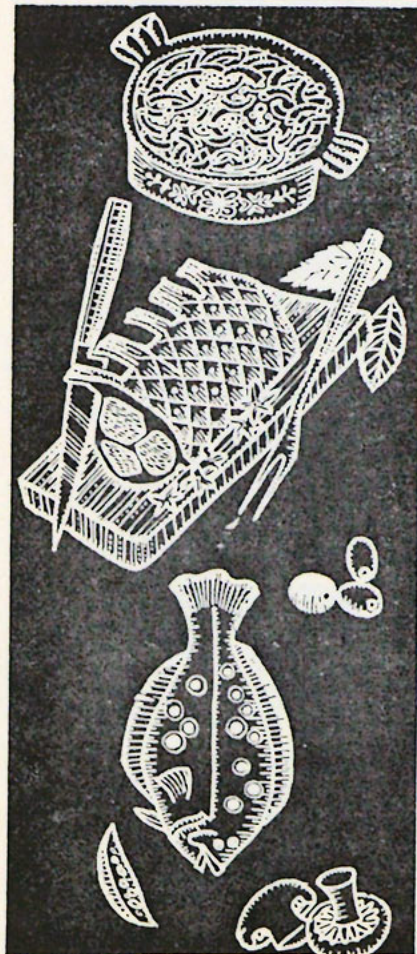
From Our Kitchen . . .

This month the Food Service department reveals the recipe for the popular Jello Graham Crackers dessert, a different kind of meal-topper, and one the young student cook home on summer vacation may enjoy making. This is a popular item on patient food trays, and in the employee cafeteria. Make some soon!

From The St. Cloud Hospital Kitchens JELLO GRAHAM CRACKER DESSERT

- | | |
|----------------------|-----------------------------------|
| 1 3/4 CUP SUGAR | 3 EGG WHITES |
| 3/4 CUP BUTTER | 1 LARGE AND 1 SMALL PKG RED JELLO |
| 3 EGG YOLKS | 5 1/4 CUPS WATER FOR JELLO |
| 3/4 CUP CHOPPED NUTS | 1 CAN CRUSHED PINEAPPLE (#2 CAN) |
| 24 GRAHAM CRACKERS | |

1. DRAIN PINEAPPLE. RESERVE ABOUT 1/4 OF JUICE.
2. CREAM BUTTER AND SUGAR.
3. ADD EGG YOLKS. CREAM WELL.
4. BEAT EGG WHITES UNTIL STIFF. FOLD INTO ABOVE MIXTURE.
5. ADD DRAINED PINEAPPLE MIXED WITH RESERVED JUICE.
6. ADD CHOPPED NUTS.
7. PUT A LAYER OF GRAHAM CRACKERS IN BOTTOM OF 9 BY 13 PAN. SPREAD HALF THE MIXTURE OVER THE CRACKERS. PUT ANOTHER LAYER OF GRAHAM CRACKERS OVER THIS. SPREAD THE REMAINING HALF OF MIXTURE OVER THESE CRACKERS. POUR JELLO MIXTURE OVER ALL - (THIS IS JELLO PREPARED WITH THE WATER IN RECIPE AND THICKENED UNTIL IT IS LIKE A HEAVY SYRUP).
8. PUT IN REFRIGERATOR UNTIL JELLO IS SET COMPLETELY.



Gleanings

"GLEANINGS" IS A REPUBLICATION, IN WHOLE OR IN PART, OF A VARIETY OF ARTICLES FOUND IN HOSPITALS, JOURNAL OF THE AMERICAN HOSPITAL ASSOCIATION, THOUGHT TO BE OF GENERAL INTEREST TO BEACON LIGHT READERS.

Illinois governor outlines program to encourage development of HMOs

Illinois Gov. Richard G. Ogilvie, in a special message on health care delivered to the state legislature last month, outlined a five-step program to encourage development of health maintenance organizations.

The governor said he had instructed the Office of Comprehensive State Planning and the state Institute of Social Policy to seek all possible sources of support for efforts to establish HMOs, that he had directed the Department of Public Aid to use Medicaid dollars "to the maximum possible extent" to purchase health care from HMOs, that he had directed the Department of Public Health to give HMOs the highest priority in allocating capital funds for the construction of health facilities, and that the state would inaugurate a fully paid health insurance program for its employees in order that it might become a major purchaser of health care and further encourage the development of HMOs.

Governor Ogilvie also promised that the state would provide planning funds to community groups that demonstrate the ability to put together local comprehensive health care programs.

Wisconsin Plans offer prepaid group alternative

Two programs to provide comprehensive health care under prepaid group practice arrangements are being developed in Wisconsin by Associated Hospital Service, Inc. (Blue Cross) and by Surgical Care, the Blue Shield Plan of the Medical Society of Milwaukee County. The programs are being offered as an alternative to conventional Blue Cross-Blue Shield coverage.

One of the programs, designated Compcare, will be offered to Plan subscribers in the Milwaukee area. Subscribers who elect to participate in the Compcare program will pay monthly fees of \$21.90 for individual memberships and \$57.33 for family memberships, regardless of the size of their families.

For-profit group endorses health maintenance option

The Federation of American Hospitals, a national association of for-profit institutions, has endorsed the Administration proposal for the addition of a health maintenance benefit to Medicare.

In a resolution, the association's board said it supported "in principle the concept of encouraging the development of health maintenance organizations to offer alternatives to present systems of delivering health care" and expressed belief that "investor-owned hospitals and the private sector of the health care field have a proper role to play in the development of such organizations."

HMO plan seen as solution to health care problems

One solution to the nation's health care problems is adoption of the Health Maintenance Organization (HMO) concept, which "guarantees quality medical care at a predetermined price through a convenient one-step arrangement provided by group practice set-ups," in the view of James H. Cavanaugh, Ph.D., deputy assistant secretary, Department of Health, Education, and Welfare.

'Less furious' growth seen for nursing home field

A "less furious" and more realistic growth pattern for the publicly held nursing home in the 1970s was predicted by Berkeley V. Bennett in an address before the ninth annual Mid-America Nursing Home Convention and Exhibition in Chicago. Mr. Bennett is executive vice president of the National Council of Health Care Services, a trade association representing multifacility health care companies.

Mr. Bennett criticized Wall Street for overselling an industry that, he said, it knew little about.

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Philosophy of Saint Cloud Hospital

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WE, AS A CATHOLIC, COMMUNITY HOSPITAL, ARE DEDICATED TO SERVE PEOPLE IN NEED OF CARE. WE ADHERE TO THE PRINCIPLES OF THE CATHOLIC CHURCH IN THE PERFORMANCE OF OUR WORK.

THE TRUSTEES, PHYSICIANS, PERSONNEL, STUDENTS AND VOLUNTEERS, WITH THEIR RESPECTIVE TALENTS, WORK TOGETHER IN UNITY, SHARING A COMMON BROTHERHOOD. WE BELIEVE THAT EACH MEMBER OF THE HOSPITAL FAMILY IS TO BE TREATED JUSTLY AND WITH RESPECT AS AN INDIVIDUAL.

WE RESPECT THE INHERENT DIGNITY, RIGHTS, AND WORTH OF EACH INDIVIDUAL PATIENT, AND DESIRE TO MANIFEST CHRISTIAN CONCERN FOR THE WHOLE PERSON.

IT IS OUR PRIVILEGE AND RESPONSIBILITY TO PROTECT AND ENHANCE LIFE. WE BELIEVE THAT DYING IS A PART OF LIFE AND THAT EVERYONE HAS A RIGHT TO LIVE UNTIL DEATH.

WE REGARD EDUCATION AND RESEARCH AS VITAL PROGRAMS TO PROMOTE PROFESSIONAL EXCELLENCE IN THE BETTERMENT OF LIFE AND HEALTH.

WE ARE COMMITTED TO CONTINUED COOPERATION WITH OTHER HEALTH FACILITIES AND RELATED AGENCIES IN ORDER TO MOST EFFECTIVELY MEET EXPANDING HEALTH NEEDS.

REALIZING THAT NONE OF THIS IS POSSIBLE WITHOUT HELP, WE ASK GOD TO GUIDE US IN OUR SERVICE TO MANKIND.

ADOPTED BY
BOARD OF TRUSTEES
OCTOBER 1, 1971